

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90055 024 ***150.00

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DOCUMENT # P93000007206

1. Entity Name
BEST THRIFT, INC.



Principal Place of Business
**4978 E BUSCH BLVD
TAMPA FL 33617
US**

Mailing Address
**4978 E. BUSCH BLVD
TAMPA FL 33617
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3163164**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTILLE, CRAIG
5811 CEDAR PINE DR.
ORLANDO FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CASTILLE, CRAIG
5811 CEDAR PINE DR
ORLANDO FL 32819** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED CASTILLE

Date

Daytime Phone #

CR2E034 (4/03)

Best Thrift Inc.

Attachment
80136318

4978 E Busch Blvd
Tampa, Florida 33617

Phone 813 - 983-0434
Fax 813 - 983 - 0586

August 04, 2003

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Uniform Business Report

Document # P93000007206

Re: Waiver of late fee

Enclosed is the \$150.00 filing fee along with the completed business report. We did not receive the original report that was due, therefore had not filed a 2003 report. Since our filings have been timely in the past, it is our request that the late fee be waived. Your consideration of this matter is appreciated.

Thank you.

Sincerely,



Craig Castille
President